



BOROUGH OF BEACH HAVEN

Application for Street Opening Permit

Date: ____/____/____

Permit # _____

Application is hereby made by:

Name: _____

Address: _____

Email Address: _____ **Phone:** () _____

Information about Street Opening:

Name of Owner: _____

Address of Opening: _____

Block: _____ **Lot:** _____

Size of Opening: _____

Purpose of Opening: _____

Work to Commence On: _____ **Work to End On:** _____

Contactor Information:

Name: _____ **Phone #:** () _____

Address: _____

Email Address: _____

Authorized Agent Name: _____

(Please Print)

(Signature)

For information about Street Openings in Beach Haven refer to Chapter 176, Article 1. of the Borough Code

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Amount Received: \$ _____ \$ _____

(Permit)

(Bond)

Borough Engineer: _____ **Date:** ____/____/____

Public Works Superintendent: _____ **Date:** ____/____/____

Borough Manager: _____ **Date:** ____/____/____